follow-up by public health authorities as is required by law or is deemed necessary by the state health director.

**Are the court proceedings public?**

The court when it is deemed necessary may, to the extent authorized by law or rules of the court, order all proceedings instituted to obtain a court order to marry without a physician's certificate to be confidential and private.

**Is there any charge for a court order?**

No. The law provides that there be no fee charged for court proceedings instituted to obtain a court order to marry without a physician's certificate.

**Where can I obtain further information?**

From your family physician, your local health officer or by writing the Bureau of Venereal Diseases, State Department of Public Health, at the State Building, San Francisco, or at the State Building, Los Angeles.

## CORONARY OCCLUSION*

Deaths in Philadelphia, Pennsylvania, due to coronary occlusion (blockage of main artery carrying blood to the heart muscle) jumped 126 per cent between 1933 and 1937 in a total of 5,116 cases reported from this cause.

The outstanding consideration in this increase in reported mortality, according to Dr. O. F. Hedley, Past Assistant Surgeon, United States Public Health Service (*Public Health Reports,* June 9, 1939), is improvement in diagnosis. However, the writer raises the question of whether *all* the mortality from the disease may be attributed to this cause.

The problem of "fads" in diagnosis—that is, in diagnostic terms—probably explains in part the increase in reported mortality in Philadelphia. Although the aging of the population had an influence on the increased mortality from this cause, according to the report, neither is this factor sufficient to account for the increase, nor can it be attributed to any great extent to the aging of the foreign-born over and above that of the general population.

"This leaves two important considerations," says Doctor Hedley. "Improved diagnosis and the possibility of an actual increase in mortality from this cause. Of these factors, increased recognition is by far the more outstanding. In the entire annals of medical history, it is doubtful whether there was ever a disease which has been better publicized than acute coronary occlusion during the past fifteen years. At first it was regarded as a rather rare condition; later as a diagnosis which could only be made by specially qualified experts. Now it is being made by nearly every general practitioner.

"Although there were numerous refinements in electrocardiographic technique during this period, the diagnosis of acute coronary occlusion is usually based on the clinical picture as seen at the bedside, or on a history of previous attacks. While there has been a spread of knowledge concerning this disease to the mass of practitioners seeing patients in the home, by the beginning of 1933 medical staffs of large metropolitan hospitals, especially teaching institutions, usually had a very definite conception of this disease. Improvement in diagnosis in hospital practice has consisted largely in a better recognition of the fact that coronary occlusive phenomena occur more frequently during the course of so-called 'degenerative cardiovascular diseases.'"

Among other features difficult to explain solely on the basis of improved diagnosis, according to the report, is why the reported mortality from acute coronary occlusion increased so much more among white persons than among negroes. There was an increase of 137 per cent in the reported mortality from all sources among white persons in 1937 over 1933, while among negroes the increase was only 22 per cent.

"The problem of sudden death from heart disease, especially among white males," says Doctor Hedley, "should be made the subject of well-planned research projected over a number of years. The chief importance of this problem from both a clinical and a public health point of view consists in the number of deaths among persons in the forty to sixty-nine-year age period."

"For the present," concludes Doctor Hedley, "the possibility of a certain amount of actual increase in acute coronary occlusion should be viewed with an open mind. It is possible that there are factors, besides the aging of the population and improvement in diagnosis, which may be responsible for an increase in this condition among the urban population in particular. These factors may operate either to predispose to coronary atherosclerosis or to result in the occlusion of coronary arteries previously diseased. Until more is known concerning this extremely intricate phenomenon which is responsible for so many deaths from middle-aged persons, the increase in deaths reported from so many different sources should not be dismissed summarily as due to the aging of the population, to improved standards of clinical diagnosis, or to statistical artifacts due to changes in terminology."

*Background.*—Interference with the blood supply to any part of the body seriously affects its function: thus, diminution of the caliber of a coronary artery results in serious heart impairment. Fatigue results, shortness of breath, swelling of the feet and ankles, cardiac asthma, angina pectoris, and other signs and symptoms of heart disease.

Sometimes one of the coronary arteries or its branches becomes rather suddenly blocked or occluded—usually the result of the formation of a "thrombosis," or blood clot, inside a vessel previously diseased as a result of hardening of a coronary artery. When this occurs, the part of the heart muscle receiving its blood supply from the affected artery becomes suddenly functionless, resulting in a very serious heart condition.

Acute coronary occlusion is more common among city dwellers than persons living in rural areas. Sedentary occupations are an important predisposing factor. It is especially frequent among professional men, being a leading cause of deaths among physicians. While obesity is commonly encountered in persons with this disease, exceptions are quite common. Alcohol does not appear to be an important factor. Excessive use of tobacco may play a rôle, especially in younger individuals.

The severity of the attack depends on a number of factors—size and the location of the vessel affected, amount of cardiac tissue present but out of commission, age of the patient, his general physical condition, and other similar considerations.

Sometimes death occurs immediately. Deaths from "heart attacks" of more or less prominent citizens on the golf links, at home, or in their offices, the accounts of which appear almost daily in the newspapers, are usually due to this cause. More often, these attacks are not immediately fatal, but result in a chain of clinical manifestations well known to the medical profession.

The attack may occur at any time—at work, rest, or play. Physical exertion to which the patient has been unaccustomed may precipitate an attack. Onset after heavy meals is frequent enough that coronary occlusion is sometimes mistaken for "acute indigestion." Many attacks begin during sleep.

An attack of acute coronary occlusion is as much an emergency as an attack of appendicitis. A physician must be secured without delay. The treatment of heart disease is not for amateurs. Furthermore, no single form of treatment is applicable to every case. Emergencies arise which

* From the Treasury Department, United States Public Health Service, Washington.

tax the professional skill even of the best specialists in this field.

Concerning the increase in deaths from this cause, Dr. Paul D. White, one of America's leading cardiologists, states: "There must be a factor which is new, and I believe it to be found in the mad pace of American life today. A halt must be called."

The answer to the increase in deaths from this cause, says the Public Health Service, "lies in moderation in all things—work, play, food, drink; in avoiding overfatigue, obesity, and flabbiness from lack of muscular exercise. While life expectancy at birth has increased some twenty-five years the last century, the span of life has not increased. Life expectancy for persons past forty years of age, if anything, has become diminished. There is a crying need to slacken the tempo of our lives. Even in our recreations there is little rest."

"Considerable emphasis can be placed upon the prevention of this disease through periodic heart examinations of individuals over forty years of age. This examination should include electrocardiogram and such other means of precision as may be available to the examiners. It may be emphasized that violent exercise—such as eighteen-hole golf games and similar diversions—at least for men over forty, should not be indulged in unless the heart is in excellent condition."

## CHOOSING ONE'S DOCTOR*

It has been said that "it requires a medical education to enable a man to choose a good doctor."

This is hardly true.

The day, of course, when the family physician was almost a member of the family is about gone. Such relationships still exist in the hinterlands, and in rare cases in urban communities. These intimacies, however, are mostly reminders of an older day.

This is not to infer, on the other hand, that the choice of a dependable family physician is next to impossible. There are certain fundamental questions about the modern doctor to which one may seek answers, and upon these base an entirely satisfactory choice. In general, here is a good procedure.

If you plan to move into a new community, inquire of your own doctor at your last residence, asking him to recommend a practitioner in the new town to which you are going. To check further, ask the secretary of your county medical society for a list of competent practitioners, ask the health officer of your city or county, or the secretary of the state medical association.

When first entering the new community, if you are not already supplied with doctors' names, ask at the hospital or local health office, or call the secretary of the local medical society and obtain a list of the general practitioners. Then make it your business to meet these men. Make specific and direct inquiries about what you want to know. If you are connected with some well-established fraternal, church, or business group, make inquiry among your associates. The good physician will not only not object to these personal inquiries, he will welcome them.

Here are questions to ask in connection with choosing a new physician:

1. Is he a graduate of a Class "A" school of medicine (as defined by the American Medical Association), or of a medical school known by recognized authorities as one of the best at the time he was graduated?

2. Is he a licensed practitioner in the state where he has office?

3. Has he had actual training as an interne in a hospital, or been associated with a practicing physician long enough to have obtained practical education in medicine?

4. Is he an active member of his local, county, and state medical society and, through them, of the American Medical Association, or any other recognized, organized body of physicians?

5. Is he of good personal habits, regarded by his fellow citizens as a desirable member of the community?

If he is the physician to fellow practitioners, that is an excellent guarantee of his ability. The fact that he is a member of the staff of a well-conducted hospital also indicates that he is usually a capable doctor.

These, too, are points to remember.

An ethical physician does not advertise his methods or cures in newspapers, give out circulars concerning his work or fees, indiscriminately distribute his picture, or put large signboards in his windows or outside his office to advertise his merits or wares.

Before considering any specialist, *per se,* consult your regular doctor and let him select the man if one is necessary.

No good doctor guarantees a cure; avoid him who will "take no money until a cure is brought about": this is a trick to snare the unwary. Likewise, avoid him who requires the fee in advance to cure a chronic disease.

Choose the doctor who works directly from his established residence or office and does not travel out of town or across state borders to seek his patients.

Avoid the boaster: a good doctor does not brag of his cures or suggest that they are made by secret methods. It is well to remember that there are no secrets in the medical profession.

The straightforward practitioner will not restrict his methods of treatment by dogmatic adherence to any "system" which declares all diseases are caused, for example, by colonic, liver, dietary, podal, mental, or any other type of single defect. Medical science recognizes no royal road to recovery, but proceeds upon such facts as general science has discovered and upon such theories as it may use in the absence of proved fact. It expands and constantly changes through added discovery. What is thought good practice today may, as the result of a new discovery, be replaced by a different practice tomorrow. It is through the testing periods of these new discoveries that so-called "medical fads" have their heyday.

After you have made your choice, it is wise policy to stick to one doctor.

*From the Treasury Department, United States Public Health Service, Washington, May 26, 1939.

*Distinguished Service Medal.* — Concerning the second medal that was awarded for distinguished service to scientific medicine at the opening general meeting at the recent St. Louis session, *The Journal of the American Medical Association* states:

"The recipient of this medal is chosen by a process of selection which insures choice of an outstanding physician and scientist. Any physician who wishes to nominate a candidate for the Distinguished Service Medal may send his nomination to the chairman of the committee, Dr. E. L. Henderson of Louisville, Kentucky. This committee sends five nominations to the Board of Trustees of the American Medical Association, which then selects three names from the five. The three names are presented to the House of Delegates at the opening of the meeting, which will on this occasion be Monday morning, May 15. The House of Delegates votes immediately and the recipient of the honor is presented with the medal on the following night.

"Last year the first medal was awarded to Dr. Rudolph Matas, distinguished surgeon of New Orleans.

"By this award the American Medical Association indicates its recognition of scientific advancement as one of the main functions of organized medicine. Fellows of the Association can coöperate by sending to the chairman of the committee the names of those whom they believe to be entitled to such an honor, together with a record of their services to science."